IN THE UNITED STATES PATENT AND TRADEMARK OFFICE SCS-124-1102 Atty In re Patent Application of Dkt. C# M# FEB 1 9 2008 2814 MARSHÁLL et al TC/A.U. Examiner: M. Pizarro Crespo Serial No. 10/520,849 Date: February 19, 2008 January 11, 2005 Filed: PHOTODETECTOR CIRCUITS Title: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. ☐ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment 19 minus highest number \$0.00 (1202)/\$0.00 (2202) \$ préviously paid for (at least 20) =x \$50.00 27 Independent claims after amendment minus highest number \$0.00 (1201)/\$0.00 (2201) \$ previously paid for (at least 3) =0 x \$210.00 - 5 If proper multiple dependent claims now added for first time, (ignore improper); add \$370.00 (1203)/\$185.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this One Month Extension \$120.00 (1251)/\$60.00 (2251) paper and attachment(s) Two Month Extensions \$460.00 (1252)/\$230.00 (2252) Three Month Extensions \$1050.00 (1253/\$525.00 (2253) Four Month Extensions \$1640.00 (1254/\$820.00 (2254) Five Month Extensions \$2,230.00 (1255/\$1115.00 (2255) \$ 120.00 \$130.00 (1814)/\$65.00 (2814) \$ Terminal disclaimer enclosed, add Applicant claims "small entity" status. ☐ Statement filed herewith \$180.00 (1806) Rule 56 Information Disclosure Statement Filing Fee \$ 0.00

Other:

TOTAL FEE \$

\$

\$

0.00

0.00

120.00

\$40.00 (8021)

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this

firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

CREDIT CARD PAYMENT FORM ATTACHED.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

Assignment Recording Fee

SCS:kmm

NIXON & VANDERHYE PAC

By Atty: Stanley C. Spooper, Req. No.

Signature:

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